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REVOCATION OF POWER OF
ATTORNEY OR AUTHORIZATION OF
AGENT; AND APPOINTMENT OF NEW
POWER AND CHANGE OF
CORRESPONDENCE ADDRESS

| Application Number     | 09/994,980        |  |
|------------------------|-------------------|--|
| Filing Date            | November 27, 2001 |  |
| First Named Inventor   | Orth et al.       |  |
| Group Art Unit         |                   |  |
| Examiner Name          |                   |  |
| Attorney Docket Number | 2748 CON          |  |
|                        |                   |  |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and appoint the following attorney(s) to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith. DAVID M. CARTER, Reg. No. 30,949; PETER DELUCA, Reg. No. 32,978; RAYMOND E. FARRELL, Reg. No. 34,816; JOSEPH W. SCHMIDT, Reg. No. 36,920; JEFFREY S. STEEN, Reg. No. 32,063, RUSSELL R. KASSNER, Reg. No. 36,183; CHRISTOPHER G. TRAINOR, Reg. No. 39,517; GEORGE LIKOUREZOS, Reg. No. 40,067; EDWARD C. MEAGHER, Reg. No. 41,189; FRANCESCO SARDONE, Reg. No. 47,918; each of them of CARTER, DELUCA, FARRELL and SCHMIDT, LLP, 445 Broad Hollow Road, Suite 225, Melville, New York 11747; and DAVID KORIS, Reg. No. 30,908; DOUGLAS E. DENNINGER, Reg. No. 31,752; PAUL AUDET, Reg. No. 26,439; MARK FARBER, Reg. No. 34,159; LAWRENCE CRUZ, Reg. No. 36,385; Leach of them of UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP, 150 Glover Avenue, Norwalk, Connecticut 06856. Please change the correspondence address for the above-identified application to AND United States Surgical, a Division of Tyco Healthcare Group, LP Firm Name: 150 Glover Avenue Address Address Norwalk City Connecticut | ZIP 06856 US Country (203) 845-4356 (203) 845-1000 Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record ALAN R. CARLTON, ESQ. Name Signature Date